

2013 Medicare Advantage Plans in Washington state by county

Data as of October 12, 2012

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series)

* Indicates this type of plan does not offer Part D drug coverage

For the most current information, contact the plan directly or go to www.medicare.gov and click on "Find Health & Drug Plans"

County	Organization Name	Plan Name	Contract ID	Plan ID	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Premium with Full Extra Help	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	MOOP
King	Humana Health Plan, Inc. 1-800-833-2364 www.humana-medicare.com	Humana Gold Plus H2012-033 (HMO)	H2012	033	Local HMO	\$0	\$0	\$0	Enhanced	Few Generics and Few Brands	\$10/\$40	D, V	\$5,700
King	UnitedHealthcare 1-800-547-5514 www.aarpmedicareplans.com	AARP MedicareComplete Plan 1 (HMO)	H5005	011	Local HMO	\$73	\$59.30	\$0	Enhanced	Some Generics	\$10/\$35	D, V, H	\$4,200
King	UnitedHealthcare 1-800-547-5514 www.aarpmedicareplans.com	AARP MedicareComplete Essential (HMO)	H5005	018	Local HMO	\$29			No Drugs		\$10/\$35	D, V, H	\$4,200
King	UnitedHealthcare 1-800-547-5514 www.aarpmedicareplans.com	AARP MedicareComplete Plan 3 (HMO)	H5005	019	Local HMO	\$0	\$0	\$0	Enhanced	No Gap Coverage	\$10/\$40	D, V, H	\$5,700
King	Regence BlueShield 1-888-734-3623 www.regence.com/medicare	Regence MedAdvantage Basic (PPO)	H5009	001	Local PPO	\$79			No Drugs		\$15/\$40	D, V	\$3,400
King	Regence BlueShield 1-888-734-3623 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	H5009	002	Local PPO	\$99	\$63.90	\$205	Basic	No Gap Coverage	\$15/\$40	D, V	\$3,400
King	Regence BlueShield 1-888-734-3623 www.regence.com/medicare	Regence MedAdvantage + Rx Enhanced (PPO)	H5009	004	Local PPO	\$241	\$203.50	\$0	Enhanced	Many Generics	\$10/\$30	D, V	\$2,800
King	Group Health Cooperative (5-Star Rating) 1-800-446-8882 1-800-833-6388 (TTY/TDD) www.ghc.org/medicare	Group Health Cooperative Clear Care Basic (HMO)	H5050	001	Local HMO	\$59			No Drugs		\$10/\$35	D, V, H	\$2,500

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King	Group Health Cooperative (5-Star Rating) 1-800-446-8882 1-800-833-6388 (TTY/TDD) www.ghc.org/medicare	Group Health Cooperative Clear Care Optimal (HMO)	H5050	004	Local HMO	\$254	\$216.50	\$0	Enhanced	No Gap Coverage	\$10/\$25	D, V, H	\$1,000
King	Group Health Cooperative (5-Star Rating) 1-800-446-8882 1-800-833-6388 (TTY/TDD) www.ghc.org/medicare	Group Health Cooperative Clear Care Essential (HMO)	H5050	009	Local HMO	\$153	\$115.50	\$250	Basic	No Gap Coverage	\$10/\$35	D, V, H	\$2,500
King	Group Health Cooperative (5-Star Rating) 1-800-446-8882 1-800-833-6388 (TTY/TDD) www.ghc.org/medicare	Group Health Cooperative Clear Care Vital (HMO)	H5050	013	Local HMO	\$43	\$24.90	\$325	Basic	No Gap Coverage	\$20/\$45	D, V, H	\$3,200
King	Community HealthFirst Medicare Advantage Plan 1-800-944-1247 www.healthfirst.chpw.org	Community HealthFirst MA Plan (HMO)	H5826	006	Local HMO	\$0			No Drugs		\$0/\$30	D, V	\$3,400
King	Community HealthFirst Medicare Advantage Plan 1-800-944-1247 www.healthfirst.chpw.org	Community HealthFirst MA Pharmacy Plan (HMO)	H5826	008	Local HMO	\$37	\$0	\$0	Enhanced	No Gap Coverage	\$0/\$30	D, V	\$3,400
King	Community HealthFirst Medicare Advantage Plan 1-800-944-1247 www.healthfirst.chpw.org	Community HealthFirst MA Extra Plan (HMO)	H5826	010	Local HMO	\$0	\$0	\$0	Enhanced	No Gap Coverage	\$10/\$40	V	\$3,400
King	Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	Humana Prime Choice H6609-013 (PPO)	H6609	013	Local PPO	\$64	\$38.50	\$0	Enhanced	Few Generics and Few Brands	\$10/\$40	D, V	\$6,700
King	Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	\$202	\$174.20	\$325	Basic	No Gap Coverage	\$0/\$15	D, V	\$6,700
King	Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	Humana Gold Choice H8145-097 (PFFS)	H8145	097	PFFS *	\$0			No Drugs		20%/20%	D, V	\$5,400

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King	Soundpath Health 1-866-789-7747 1-866-264-4141 (TTY/TDD) www.soundpathhealth.com	Soundpath Health Apex + Rx (HMO)	H9302	001	Local HMO	\$201	\$163.50	\$0	Enhanced	Many Generics	\$5/\$15	D, V, H	\$1,400
King	Soundpath Health 1-866-789-7747 1-866-264-4141 (TTY/TDD) www.soundpathhealth.com	Soundpath Health Charter + Rx (HMO)	H9302	003	Local HMO	\$104	\$69.90	\$0	Enhanced	Many Generics	\$10/\$30	D, V, H	\$2,250
King	Soundpath Health 1-866-789-7747 1-866-264-4141 (TTY/TDD) www.soundpathhealth.com	Soundpath Health Alpine (HMO)	H9302	004	Local HMO	\$24			No Drugs		\$10/\$30	D, V, H	\$2,250
King	Soundpath Health 1-866-789-7747 1-866-264-4141 (TTY/TDD) www.soundpathhealth.com	Soundpath Health Sound + Rx (HMO)	H9302	007	Local HMO	\$28	\$14	\$325	Enhanced	No Gap Coverage	\$15/\$40	D, V, H	\$3,400

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Key to types of Medicare Advantage plans

Local HMO: A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

Local PPO: A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

PFFS: A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

Key to Drug Benefit Type

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

Enhanced: These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

Key to Abbreviations

D: Some dental coverage

H: Some hearing coverage

V: Some vision coverage

MOOP: Maximum Out of Pocket for all in-network Part A and B services

Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.